

**WATER/SEWER CONNECTION PERMIT**

DATE OF CONNECTION \_\_\_\_\_ LOCATION OF WORK \_\_\_\_\_

CONTRACTORS NAME: \_\_\_\_\_ TEL NO.: \_\_\_\_\_

NAME OF REPRES. AT SITE: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME OF INSPECTOR: \_\_\_\_\_

**TYPE OF CONNECTION**

SEWER \_\_\_\_\_ WATER \_\_\_\_\_ RECLAIMED \_\_\_\_\_ WET TAP \_\_\_\_\_ SHUT DOWN \_\_\_\_\_

LENGTH OF SHUT DOWN: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ TOTAL HOURS \_\_\_\_\_

LIVING UNITS EFFECTED \_\_\_\_\_ NUMBER IN CREW \_\_\_\_\_

MATERIAL/EQUIPMENT TO BE USED: \_\_\_\_\_

NO/THRUST BLOCK \_\_\_\_\_

**PLEASE READ BELOW BEFORE SIGNING PERMIT**

1. Permit shall not be issued unless a **DETAILED SKETCH IS ATTACHED** showing all facets of construction.
2. There shall be a **MINIMUM OF 48 HOURS NOTICE GIVEN TO DISTRICT** after permit is issued.
3. If the weather or a situation develops where the time of shutdown is not feasible, a new shutdown time shall be resubmitted to the District for approval.
4. Temporary water supply shall be only from an approved and accepted CMWD line.
5. No CMWD valves shall be operated except under direction of CMWD Representative.
6. There shall be **NO SHUTDOWNS ON FRIDAY, SATURDAYS, SUNDAYS OR HOLIDAYS.**
7. The Contractor shall have his representative, listed above, on the site of construction during the entire duration of the shutdown and will have authority to act in the company's behalf.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DISTRICT APPROVAL SIGNATURE**

\_\_\_\_\_  
PUBLIC WORKS MANAGER, UTILITY OPERATIONS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY INSPECTOR

\_\_\_\_\_  
DATE

**CARLSBAD MUNICIPAL WATER DISTRICT  
CARLSBAD, CALIFORNIA 92008**

**5950 EL CAMINO REAL,  
TEL. NO. (760) 438-2722**

**5/4/2005**